#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

#### **Facility Information**

Facility Name: OAKVIEW HOME CBRF (0008806)

Address: 208 WEST 25TH STREET, MARSHFIELD, WI 54449

**License Status: REGULAR** 

Licensed/Certified/Registered 03/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Survey ID: 0095425 End Date: 08/16/2005 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10009446 Served 09/01/2005

Deficiencies Cited Subject Area Subject Area Verified

83.14(7)(b) CONTINUING EDUCATION

83.33(3)(b)2.d MEDICATION STORAGE SHALL BE LOCKED

83.45(2)(c)1 HANDRAILS

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

**Provider Inspection Summary** 

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0090804 End Date: 07/16/2003 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10005218 Served 08/19/2003

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Verified</u>	Corrected
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	08/16/2005	Yes
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	08/16/2005	Yes
83.33(3)(b)2.g	INTERNAL AND EXTERNAL STORED SEPARATELY	08/16/2005	Yes
83.33(3)(j)2	RECORD KEPT OF RETURNED/DESTROYED MEDS	08/16/2005	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	08/16/2005	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	08/16/2005	Yes
83.53(5)	EXIT LIGHTING	08/16/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

# DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 08/15/2003

SOD #10005218

Appealed: No

**Sanctions** 

OTHER SANCTION

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.